



HOME ENERGY PLUS
CLIENT CERTIFICATION FORM

KEEP THIS PAGE FOR YOUR PERSONAL RECORDS

Read each item on this page before signing the application. If you do not understand any item, call the agency for assistance.

1. I understand that I am responsible for reporting the names of all persons living at my address and the social security number and income of all persons in my household.
2. I understand that I am responsible for providing all required information within 30 days of the date of this application or the application is void and will be denied. I may still re-apply, but a new application will be required.
3. I understand that I have the right to apply for Energy Assistance benefits and to receive either a payment or letter of explanation within 45 days from the date I submit this application.
4. I understand that if I believe my energy assistance application has been incorrectly denied or my payment is incorrect, I may request a fair hearing. I may also request a fair hearing if I have not received payment or explanation within 45 days from the date of my application. I may ask for a fair hearing by contacting the local office where I applied or by writing to:
Wisconsin Department of Administration,
Division of Hearings & Appeals
P.O. Box 7875
Madison, WI 53707-7875.
5. I understand that if I am found eligible for energy assistance benefits, I may be referred to other residential weatherization and/or energy programs.
6. I understand that if I believe I have been discriminated against in any unlawful way, I may file a complaint by contacting the 504 Coordinator of the agency where I applied or any other person authorized by the agency to receive discrimination complaints.
7. I understand that the Wisconsin Department of Administration may use information provided on this form for purposes of research, evaluation, and analysis.
8. I understand that I am authorizing the Wisconsin Department of Workforce Development to release information to the Home Energy Plus Program to verify employment and/or income.
9. I understand that the information on this form may be disclosed to energy programs operating under Wisconsin Public Benefit Program Authority or Wisconsin Public Service Commission approval.
10. You must use the payments received to pay for the heating/electric costs for the residence you listed in your application or for paying the heat/electric costs for any future permanent residence you may move to in Wisconsin.

Date Mailed to County Agency_____